

ADULT DIVISION 2011

TEAM NAME: _____

TEAM CAPTAIN: _____

TOWN: _____

CONTACT PHONE #: _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

<u>NAME</u>	<u>SHIRT SIZE</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

****Players may be added or subtracted from the roster at any time during the weekend but players cannot play on more than one team.**

Please submit another copy of the roster electronically to: Recreation@Wellfleet-ma.gov.

CATEGORY _____ AMOUNT ENCLOSED \$ _____

I acknowledge I have read the Tournament rules and agree to follow them:

Signature of Non-Playing Coach

NO TEAM APPLICATIONS OR ROSTER CHANGES ACCEPTED AFTER MARCH 3, 2011.